TRAINING SIGN-IN SHEET: BAT TRAINING INSTRUMENT/DEVICE: _____

Class Date: _____ Location Address: _____ Company and/or Location (City/State): _____

P	rint neatly!			
Last Name	First Name	Company Name	Email	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Trainer Name: Brian Van Zupthen

Trainer Signature: _____

At conclusion of class, collect: Sign-in Sheet, Student Exams, Performance Check Sheets/Proficiency Records. You may also wish to collect one copy of each ATF for each mock test from students. Provide students copies of their paperwork, if requested.